



PATIENT AMBASSADOR PROGRAM CHECKLIST

Application & Deadline

All prospective patient ambassadors must submit an application. Applicants must have a 3.0 GPA.

Applications must be submitted no later than **Wednesday, September 9**, to Tiffany Horton, Employee Engagement Manager, at thorton@sbrmc.org or dropped off at St. Bernards Human Resources & Talent Acquisition at 310 East Street, Suite B.

Orientation

Orientation packet must be completed and turned into Tiffany Horton, Employee Engagement Manager before volunteering can start.

Program Requirements

Student must provide proof of having the Flu shot. Ambassadors are required to serve at least two hours per week during the school year. A commitment of at least 40 total hours is required.

Uniforms

Red polo, black or khaki dress or scrub pants (no jeans or leggings permitted), closed toe shoes and a volunteer badge. Polo will be provided at no cost.



Patient Ambassador Application Information

READ CAREFULLY BEFORE COMPLETING APPLICATION

A Commitment

Volunteering is a commitment to your community and to yourself. It is not to be taken lightly. It is **your** responsibility. You must be willing to serve where you are needed and the hours you are provided.

Appearance

Your uniform with your patient ambassador badge are your symbols of service and should be worn with professional pride. Volunteers observe the same hospital regulations as everyone else. Because you represent St. Bernards Medical Center to the community, the following rules apply to your uniform:

- Red Polo shirt that is provided by St. Bernards along with black or khaki pants (can be dress pants or scrub pants) should be kept clean and pressed with closed-toe shoes.
- Hair must be neatly groomed.
- No jewelry, except a watch and/or a limit of 2 earrings per ear. Facial piercings are not permitted.
- Nails must not extend past the fingertips and fake nails/nail embellishments aren't permitted for patient safety.
- No heavy perfume/cologne as patients are sensitive to these scents.
- No smoking, eating, or gum chewing while on duty.

Your uniform is a red polo, black or khaki dress pants or scrub pants, closed toe shoes, and your badge. Jeans or leggings are not permitted.

Attitude

A Patient Ambassador:

- * . . . is an informed volunteer, reliable, on time and remains on duty until his/her assignment is completed.
- * . . . signs out at the end of each shift, indicating where he/she is working.
- * . . . reports immediately to the Emergency Department for any injury or accident occurring while on duty.
- * . . . brings an open-minded attitude, interest and attention to his/her work.
- * . . . is cheerful and maintains a good sense of humor.
- * . . . accepts graciously supervision or guidance. Reports immediately to his/her assigned duties.

Flu Shot

A flu shot proof will be required once it is available in the fall. Many schools offer free flu shot clinics for students to take advantage of. Please make sure you are provided proof once you receive your flu shot as proof must be provided to be in the program. You can also receive a Flu shot from your physician, the Department of Health or from retail pharmacies such as Walgreens or Wal-Mart.

Ethics

As a patient ambassador, you are subject to the same code of ethics as the professional staff. It is therefore necessary that you:

- ... do not discuss the patient's illness, his/her family, or his/her problems outside the hospital.
- ... be understanding and kind without being curious.
- ... refrain from giving advice.
- ... bring questions, problems, comments or suggestions to your volunteer coordinator or the supervisor you are reporting to.
- ... refrain from taking pictures of or with patients to protect patient confidentiality
- ... do not give answers when in doubt. Check with the Charge Nurse on matters involving patients
- ... are loyal to the patients and staff of St. Bernards Medical Center.
- ... remember: ***What you see here, What you hear here, What you say here, When you're in here, Must remain here, When you leave here.***

Application Information

If after reading this and being a Patient Ambassador is something you really want to do, fill out the application and e-mail it to Tiffany Horton at thorton@sbrmc.org or bring it in to the St. Bernards Human Resources & Talent Acquisition at 310 East Street, Suite B, no later than **Wednesday, September 9**. It is important to include two personal references. References may be teachers, clergy, or other adults who know you well. Personal references from friends or relatives will not be accepted.

Duties of a Patient Ambassador

Below are a variety of duties that you may be asked to do as a patient ambassador.

- + Round on Patients to check on families and patients for any needed requests i.e. ice, water, coffee, snacks, blankets, towels, information needing relayed to nursing staff, etc.
- + Escort patients and families to their destination.
- + Greet and welcome guests entering St. Bernards Medical Center.
- + Arrange Shuttle Services for guests leaving the premises.
- + Restock supplies in patient rooms and nursing station as needed
- + Pull trash from patient rooms and dispose in appropriate bins.
- + Help dismiss ambulatory patients in wheelchairs.
- + Run errands as asked.
- + Help whenever needed with non-medical duties.
- + Answer patients' lights – report to nurse if medical attention is needed.
- + Clean or straighten kitchen or utility areas.
- + Deliver patient flowers as needed.
- + Empty patients' over-bed tray table trash.

Below are duties patient ambassadors are **NOT ALLOWED** to do:

- Provide any care with requires a certification or license (For example: provide patient medication, help patients on or off a bedpan, etc.)
- Enter isolation rooms.

Keep first three pages of information and return the rest (application and personal references) to Tiffany Horton at the St. Bernards Human Resources & Talent Acquisition on 310 East St., Suite B.



PATIENT AMBASSADOR APPLICATION
Applications Due by Wednesday, Sept. 9

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address: _____

Birth date _____ Age _____

School _____ Current Year: _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone Number: _____

List other volunteer and/or professional experience _____

Polo Size: _____ in ☐ Mens ☐ Womens

Days and Hours Available? _____

Do you plan to work elsewhere part time ☐ Yes ☐ No

Clubs, church, or other organizations that you belong to _____

List your extracurricular school and community's activities _____

Do you have transportation? ☐ Yes ☐ No

Are you willing to accept an assignment where you are most needed? ☐ Yes ☐ No

Are you willing to consider a volunteer assignment as a job and fill it regularly, except during illness or vacation, even though you may have to give up other activities? ☐ Yes ☐ No

State briefly your reasons for wanting to volunteer at St. Bernards. _____

Choice of life work _____

Areas of Services

Rate the areas in which you are most interested in order of preference from **1 (greatest interest) to 4 (least interest)**.

- ☐ **Patient Floors** – help nurses by rounding on patients for comfort care such as providing ice/blankets, provide ice/blankets to patients, answer call lights, restock supplies, wheel discharged patients to main entrance, etc.
 - **Circle Areas Interested:** Oncology, Cath Lab Holding, Pediatrics, Medical/Surgical, Orthopedics, Radiology, Emergency, Hospice House, Infusion at Cancer Center (only open Monday-Friday from 8 am-3 pm), and One Day Surgery
- ☐ **Admissions** - welcoming visitors and checking them in, looking up room numbers of patients for visitors, escorting guests to their location, and assisting with clerical duties.
- ☐ **Physical Therapy or Occupational Therapy** (Only available **Monday-Friday** from **8 am-4 pm**) Assist with clerical duties as well as restorative therapy where you will help with walking or exercises with participants.
- ☐ **Wound Healing Center** (only open M-F from 8 am-3 pm) help nurses with patients, answer call lights, provide ice/blankets to patients, restock supplies, round on patients/family members.

Keep in mind that you may be asked to serve in an area that is not your first choice, although we will try to place you in your first choice if possible.

Patient Ambassador Pledge:

Desiring to be of service to people as a patient ambassador:

- I WILL** be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- I WILL** conduct myself with dignity, courtesy and consideration.
- I WILL** consider all information which I may hear directly or indirectly concerning a patient, doctor or any member of the personnel confidential, and will not seek information in regard to a patient.
- I WILL** take any problems, criticisms or suggestions to the Customer Service Manager.
- I WILL** uphold the policies and standards of this hospital and properly interpret them to the community.

Signature: _____

Date _____



PERSONAL REFERENCE FORMS

Reference #1:

I recommend for _____ to become a patient
ambassador at St. Bernards Medical Center.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective patient ambassador is _____

Signature _____

[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]

Reference #2

I recommend for _____ to become a patient
ambassador at St. Bernards Medical Center.

Comments _____

Name _____

Address _____

Phone Number _____

My relationship to the above prospective patient ambassador is _____

Signature _____

[To be signed by teacher, clergy, employer or other adult who knows you well. May not be a family member or a friend.]